

11. Currently receiving services from a state agency: <i>Check all that apply.</i>				
<input type="checkbox"/> None	<input type="checkbox"/> MPB: Parole	<input type="checkbox"/> DDS: Dept Developmental Svcs	<input type="checkbox"/> DMA: MassHealth	<input type="checkbox"/> MCDHH: Comm Deaf & Hard of Hearing
<input type="checkbox"/> DCF: Dept Children and Families	<input type="checkbox"/> OCP: Probation	<input type="checkbox"/> DPH: e.g. HIV, WIC not substance abuse	<input type="checkbox"/> MRC: Mass Rehab Commission	<input type="checkbox"/> Other
<input type="checkbox"/> DYS: Dept Youth Services	<input type="checkbox"/> DMH: Dept Mental Hlth	<input type="checkbox"/> DTA: food stamps, TANF	<input type="checkbox"/> MCB: Comm for the Blind	
12. Living arrangement at Disenrollment: <i>(Check one)</i>				
<input type="checkbox"/> House or apartment	<input type="checkbox"/> Institution	<input type="checkbox"/> Shelter/mission	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Unknown
<input type="checkbox"/> Room/boardings or sober house	<input type="checkbox"/> Group home/Treatment	<input type="checkbox"/> On the streets	<input type="checkbox"/> Refused	
H1. Was the client homeless at Intake/Enrollment (whether <u>or not</u> chronic) <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>If the answer to Q H1 is 'Yes', Question H2 and H3 are required. If the answer to H1 is 'No', skip to Question 13</i>				
H2. <u>Detailed</u> living arrangement at Disenrollment <input type="text"/> ★				
H3. Permanence Of living situation at Disenrollment* <input type="checkbox"/> Permanent <input type="checkbox"/> Transitional <input type="checkbox"/> Refused <input type="checkbox"/> Unknown				
13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q 13 is 'No', skip to Q 17</i>				
If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. Rank substances by entering the corresponding letter on the next page – letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.)				
Also, please report Frequency of Use in the last 30 days or since Enrollment if in treatment less than 30 days, and Route of Administration for each substance reported. For these fields, enter corresponding code from list on next page.				
14a. Primary Substance <input type="text"/>	14b. Frequency of Use <input type="text"/>	14c. Route of Administration <input type="text"/>		
15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15a. Secondary Substance <input type="text"/>	15b. Frequency of Use <input type="text"/>	15c. Route of Administration <input type="text"/>		
16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16a. Tertiary Substance <input type="text"/>	16b. Frequency of Use <input type="text"/>	16c. Route of Administration <input type="text"/>		
17a. Did the client use Nicotine/Tobacco since Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown <i>If you answered Yes to Q 17a., answer 17b, 17c, and 17d.</i>				
17b. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes): <i>If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 17c.</i> <input type="text"/>				
17c. Interest in stopping nicotine/tobacco use at Disenrollment:				
1 <input type="checkbox"/> No	3 <input type="checkbox"/> Yes, Within 30 days	88 <input type="checkbox"/> Refused		
2 <input type="checkbox"/> Yes, Within 6 Months	4 <input type="checkbox"/> Does Not Apply (already stopped)	99 <input type="checkbox"/> Unknown		
17d. While in this program, did the client attempt to stop using nicotine/tobacco? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown				

★ Questions 14a – 16c			
★ Primary/Secondary/Tertiary Substance Codes		★ Frequency of Use	
A	Alcohol	K	Other Amphetamines
B	Cocaine	L	Other Stimulants
C	Crack	M	Benzodiazepines
D	Marijuana / Hashish	N	Other Tranquilizers
E	Heroin	O	Barbiturates
F	Prescribed Opiates	P	Other Sedatives / Hypnotics
G	Non-prescribed Opiates	Q	Inhalants
H	PCP	R	Over the Counter
I	Other Hallucinogens	S	Club Drugs
J	Methamphetamine	U	Other
		★ Route of Administration	
1	No use during last 30 days or since enrollment		
2	1-3 times during last 30 days or since enrollment		
3	1-2 times per week during last 30 days or since enrollment		
4	3-6 times per week during last 30 days or since enrollment		
5	Daily use during the last 30 days or since enrollment		
99	Unknown		
1	Oral (swallow and/or chewing)		
2	Smoking		
3	Inhalation		
4	Injection		
5	Other		